

EXHIBIT I

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

LESLIE HOFER (314) 480-1500

B. E-MAIL CONTACT AT FILER (optional)

LESLIE.HOFER@HUSCHBLACKWELL.COM

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

HUSCH BLACKWELL LLP
190 CARONDELET PLAZA
SUITE 600
ST. LOUIS, MO 63105

Delaware Department of State

U.C.C. Filing Section

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

BIGHORN SAND & GRAVEL LLC

OR

1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 777 MAIN STREET, SUITE 2800	CITY FORT WORTH	STATE TX	POSTAL CODE 76102	COUNTRY US

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS 2800 NORTH LOOP WEST, SUITE 1000	CITY HOUSTON	STATE TX	POSTAL CODE 77092	COUNTRY US

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

BANCORPSOUTH BANK

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS 2800 NORTH LOOP WEST, SUITE 1000	CITY HOUSTON	STATE TX	POSTAL CODE 77092	COUNTRY US

4. COLLATERAL: This financing statement covers the following collateral:

All assets of Debtor, wherever located, and whether now owned or hereafter acquired or arising.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

546046-14 (DE SOS)

International Association of Commercial Administrators